

ACTICAL RESPONSE REPORT/Chicago Police Department

INVOLVED	1. DATE OF INCIDENT 04-APR-2015		2. ADDRESS OF OCCURRENCE 6152 S ROCKWELL ST CHICAGO, IL 60629		3. LOCATION CODE 092		4. BEAT/OCCUR 0825	
	5. POSITION 9161		6. LAST NAME OKEEFE		7. FIRST NAME JOHN D		8. STAR NO. 18418	
	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT 510	
	13. WT 175		14. DATE OF APPT 28-OCT-2002		15. EMPLOYEE NO [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 311 6710D	
INFORMATION	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	20. LAST NAME PETTWAY		21. FIRST NAME ERIC		22. MI [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
	24. RACE BLK		25. D.O.B. [REDACTED]		26. HT 602		27. WT 200	
	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
INFORMATION	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL		34. BY WHOM? DR [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence	
	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****		37. CS NO. 19091372		38. IR NO. [REDACTED]		39. DNA <input type="checkbox"/> DNA	
	40. SUBJECT'S ACTIONS		41. MEMBER'S RESPONSE		42. ADDITIONAL INFORMATION		43. WEAPON DISCHARGE INCIDENT	
	44. WEAPON DISCHARGE INCIDENT		45. WEAPON DISCHARGE INCIDENT		46. WEAPON DISCHARGE INCIDENT		47. WEAPON DISCHARGE INCIDENT	
INFORMATION	48. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		49. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		50. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		51. WEATHER CONDITIONS CLEAR	
	52. MAKE/MANUFACTURER SIG S&W INDUSTRIAL GEBELLSCHAFT		53. MODEL P229		54. BARREL LENGTH 4		55. CALIBER/GAUGE 9 MM	
	56. TASER DART ID NO. AL13284		57. CHICAGO GUN REG. NO. 630428		58. FIREARM OWNER ID NO. [REDACTED]		59. HANDGUN CERTIFICATE NO. [REDACTED]	
	60. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		61. PROPERTY INVENTORY NO. [REDACTED]		62. TYPE OF AMMUNITION USED 9MM		63. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1	
INFORMATION	64. TOTAL NO. OF SHOTS MEMBER FIRED 4		65. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		66. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		67. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	
	68. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		71. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 25 FT. <input type="checkbox"/> 02 25 - 50 FT. <input checked="" type="checkbox"/> 03 50 - 100 FT. <input type="checkbox"/> 04 OVER 100 FT.	
	72. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) VEHICLE		73. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		74. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		75. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT/DIST. OF OCCUR <input type="checkbox"/> CPIC	
	76. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		77. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		78. REPORTING MEMBER (Print Name) OKEEFE, JOHN D		79. STAR/EMPLOYEE NO. 18418	
INFORMATION	80. DATE/TIME 04-APR-2015 22:13:39		81. SIGNATURE [REDACTED]		82. REVIEWING SUPERVISOR (Print Name) KARCZEWSKI, MICHAEL T		83. STAR NO. 1055	
	84. DATE/TIME 04-APR-2015 22:21:48		85. SIGNATURE [REDACTED]		86. DATE/TIME 04-APR-2015 22:21:48		87. SIGNATURE [REDACTED]	
	88. LOG# 1074534		89. Attachment 12		90. LOG# 1074534		91. Attachment 12	
	92. LOG# 1074534		93. Attachment 12		94. LOG# 1074534		95. Attachment 12	

SUBJECT
INFORMATION

20. ORIGINATOR FILED

720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS
570.0/402-C, 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/9-1-A-1

☐ DNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject unable to be interviewed by the undersigned

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the facts available at this time, it is the preliminary determination of the undersigned that Police Officer John O’Keefe #18418 acted in compliance with department policy in that Police Officer O’Keefe fired his weapon in fear of his life after the Offender Pettway pointed a weapon in Officer O’Keefe's direction, placing him in fear of his life. Log 1074534 and U# 15-005

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CALLOWAY, KEITH A

SIGNATURE

DATE COMPLETED

TIME

04-APR-2015 22:34:36

79. TOTAL TRR & THIS EVENT No.

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